

INCIDENT REPORT

INFORMATION ONLY

CASE NUMBER
160006243

NCIC
INC. ENTD.

INCIDENT TYPE					COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE OF VICTIM					
1. 16-03-0653 SEX/CRIM SEXUAL CONDUCT-2ND DEG FORCIBLE RAPE					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RESIDENCE/HOME		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.					
2.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
3.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) 2900 MILLWOOD AVE, COLUMBIA, SC							ZIP CODE 29205-	WEAPON TYPE						
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME			DEPART. TIME		LOCATION NO				
02/29/2016	09:36		02/29/2016	12:02	02/29/2016	11:12	11:38	12:02		413				
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) COBBS, BENADETTE			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE			
			OK		J	B	F	48 /	N	803-960-4412				
ADDRESS 2900 MILLWOOD AVE					CITY COLUMBIA	STATE SC	ZIP CODE 29205-	LOCATION NO. 413						
VICTIM'S NAME (LAST, FIRST, MIDDLE) VESS, CONNER			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE			
			FR		J	W	M	11 /	N	803-256-7394				
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
ADDRESS 2900 MILLWOOD AVE					CITY COLUMBIA	STATE SC	ZIP CODE 29205-	LOCATION NO. 413						
VIOLENCE INJURY (MCT.1) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN-					COMPLAINT OF ANY NON-VISBLE INJURIES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>									
VICTIM (NO. 1) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:														
TWO MAN VEH <input type="checkbox"/> ONE MAN VEH <input type="checkbox"/> DETECTIVE SPLASH <input type="checkbox"/> OTHER <input type="checkbox"/>					ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/>		*J-This Jurisdiction. S-State. O-Out of State. U-Unknown.							
<input checked="" type="checkbox"/> SUSPECT	NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	
<input type="checkbox"/> RUNAWAY					W	M	/							
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				RELATED OFFENSE(S)			DAYTIME PHONE	EVENING PHONE					
<input type="checkbox"/> WARRANT					11A			803-256-7394						
<input type="checkbox"/> ARREST	ADDRESS 2900 MILLWOOD AVE				CITY COLUMBIA	STATE SC	ZIP CODE 29205-	LOCATION NO. 413						
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/>				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE/TIME OF OFFENSE 2/29/2016 9:36:00 AM		DATE/TIME OF ARREST					
<input type="checkbox"/> SUMMONS	DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:				TOTAL # ARRESTED									
DAY OF THE WEEK		HOW REPORTED		A= OFFICER DISPATCHED ON CALL		D= COMPLAINT WRITTEN IN		DIFF. FACTOR		A= RESISTANCE/HOSTILITY		E= COMPLAINANT FRE-QUENTLY INTOXICATED		
S M T W T F S UNK				B= REPORT TAKEN BY PHONE		E= OFFICER INITIATED		N		B= WEAPONS		F= DOMESTIC		
				C= COMPLAINANT WALKED IN		F= OTHER				C= UNFOUNDED CALLS		N= NORMAL		
<p>ON THE ABOVE DATE AND LISTED TIMES, THE COMPLAINANT STATED THAT A SEXUAL CRIMINAL CONDUCT INCIDENT OCCURRED AT THE LISTED LOCATION AND WAS REPORTED TO HER VIA EMAIL BY HER EMPLOYEES. THE EMPLOYEE (REPORTEE #1 AND #2) STATED THAT THE VICTIM APPROACHED THEM AND EXPRESSED THAT THE SUBJECT USED AGGRAVATED COERCION TO ACCOMPLISH SEXUAL BATTERY TOWARD HIM. I ATTEMPTED SEVERAL TIMES TO MAKE CONTACT WITH BOTH REPORTEES WHO ACTUALLY SPOKE WITH THE VICTIM BUT I WAS NOT ABLE TO COME IN CONTACT WITH THEM. A COPY OF THE EMAIL WAS TAGGED ALONG WITH THIS REPORT INTO THE PROPERTY ROOM.</p>														
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY								
TYPE (GROUP)												TOTAL VALUE		
STOLEN														
DAMAGED														
BURNED														
RECOVERED														
SEIZED														
SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			S. F. AI		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18		
								<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER		
REASON FOR EXCEPTIONAL CLEARANCE		1. <input type="checkbox"/> OFFENDER DEATH		2. <input type="checkbox"/> NO PROSECUTION PROSECUTION		3. <input type="checkbox"/> EXTRADITION DENIED		4. <input type="checkbox"/> VICTIM DECLINES COOPERATION		5. <input type="checkbox"/> JUVENILE ON CUSTODY				
REPORTING OFFICER(S) SUMTER BRIANNA P			DATE 2/29/2016 12:20:47 PM			UNIT NUMBER 24023		APPROVING OFFICER BAIRE T R			DATE 2/29/2016 3:59:42 PM		UNIT NUMBER 21161	
FOLLOW UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						OFFICER								

EVENT

VICTIM NO.

SUBJECT NO.

NARRATIVE

PROPERTY EST.

ADMINISTRATIVE

AGENCY : Columbia Police Department
 ORI # : SC0400100
 Report Date/Time : 02/29/2016 09:36
 Incident # : 160006243

**INCIDENT REPORT
 ADDITIONAL OTHERS**

PERSON TYPE SUSPECT	NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				RELATED OFFENSE(S)				
	ADDRESS 2900 MILLWOOD AVE				CITY COLUMBIA	STATE SC	ZIP CODE 29205-	LOCATION NO.	DAYTIME PHONE	EVENING PHONE			
VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- _____ COMPLAINT OF ANY NON-VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>													
USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE: _____													

PERSON TYPE COMPLAIN	NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				RELATED OFFENSE(S)				
	ADDRESS 2900 MILLWOOD AVE				CITY COLUMBIA	STATE SC	ZIP CODE 29205-	LOCATION NO.	DAYTIME PHONE 803-687-0171	EVENING PHONE			
VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- _____ COMPLAINT OF ANY NON-VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>													
USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE: _____													

PERSON TYPE REPORTER	NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				RELATED OFFENSE(S)				
	ADDRESS 2900 MILLWOOD AVE				CITY COLUMBIA	STATE SC	ZIP CODE 29205-	LOCATION NO.	DAYTIME PHONE 704-352-7768	EVENING PHONE			
VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- _____ COMPLAINT OF ANY NON-VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>													
USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE: _____													

PERSON TYPE REPORTER	NAME (LAST, FIRST, MIDDLE) GAINES, TERRY				RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				RELATED OFFENSE(S)				
	ADDRESS 2900 MILLWOOD AVE				CITY COLUMBIA	STATE SC	ZIP CODE 29205-	LOCATION NO.	DAYTIME PHONE 803-319-2110	EVENING PHONE			
VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- _____ COMPLAINT OF ANY NON-VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>													
USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE: _____													

PERSON TYPE	NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				RELATED OFFENSE(S)				
	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE			
VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- _____ COMPLAINT OF ANY NON-VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>													
USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE: _____													

PERSON TYPE	NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				RELATED OFFENSE(S)				
	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE			
VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- _____ COMPLAINT OF ANY NON-VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>													
USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE: _____													

ADDITIONAL NARRATIVE

Agency Name: Columbia Police Department	ORI #: SC0400100	Report Date/Time: 02/29/2016 09:36	OCA #: 160006243
---	------------------	------------------------------------	------------------

COMPLAINANT #1 REPORTED ON THE ABOVE DATE AND TIME THAT SHE RECEIVED AN EMAIL FROM THE CASE MANAGER OF EPWORTH CHILDREN'S HOME, WHO IS [REDACTED] (COMPLAINANT #2). WITHIN THE EMAIL, COMPLAINANT #2 STATED THAT HE RECEIVED INFORMATION OF A CRIMINAL SEXUAL CONDUCT INCIDENT THAT OCCURRED AT THE EPWORTH'S CHILDREN'S HOME INVOLVING THE VICTIM AND SUBJECT. THE INFORMATION WAS RECEIVED FROM TWO EMPLOYEES, [REDACTED] (REPORTEE #1) AND [REDACTED] (REPORTEE #2). THE VICTIM MADE CONTACT WITH REPORTEE #1 WHILE WITHIN ONE OF THE COTTAGES AT THE HOME. THE VICTIM EXPRESSED TO THE REPORTEE THAT ONE NIGHT, THE SUBJECT APPROACHED HIM WHILE HE WAS IN THE BATHROOM. THE SUBJECT CAME INTO THE STALL WHERE THE VICTIM WAS AND TOLD HIM THAT HE NEEDS TO BEND OVER OR HE WOULD BEAT HIM UP. THE VICTIM COMPLIED AND THE SUBJECT STUCK HIS PENIS IN THE VICTIM'S ANUS. THE VICTIM SPOKE WITH REPORTEE #2 AND REPEATED THE STORY TO HIM. WHEN THE VICTIM SPOKE TO REPORTEE #2, HE EXPRESSED THAT THE INCIDENT BETWEEN HIM AND THE SUBJECT HURT HIM AND THAT HE NO LONGER WANTED TO BE HIS FRIEND. THE INITIAL COMPLAINANT COULD NOT PROVIDE A TIMEFRAME OF THE ACTUAL INCIDENT. WITHIN THE EMAIL, IT STATED THAT THE INCIDENT MAY HAVE OCCURRED DURING LATE OCTOBER OF LAST YEAR. THE VICTIM STATED THAT HE WAS AFRAID TO TELL ANYONE. BOTH REPORTEES REPORTED THE INCIDENT TO COMPLAINANT #2 WHO GAVE THE INFORMATION TO THE INITIAL COMPLAINANT. AT THE TIME OF THE INCIDENT, THE VICTIM AND SUBJECT STAYED WITHIN THE SAME COTTAGE LOCATED AT THE HOME. NOW, THE VICTIM AND SUBJECT ARE SEPARATED AND LIVE WITHIN DIFFERENT COTTAGES OF THE HOME. WHILE ON SCENE, THE VICTIM AND SUBJECT WERE NOT PRESENT, THEY WERE LOCATED AT [REDACTED] AT THE TIME.